



Attending Physician's Statement

(to be completed by M.D., D.O. or by advanced practice nurses as authorized by supervising M.D.)
AccessTN c/o BlueCross BlueShield of Tennessee, Inc., 801 Pine Street Chattanooga TN 37402

Patient Name:	DOB:	SSN:	How long a patient?	Date:
M.D. Office Address:	Office Phone:	Med. Lic. #:	Print Name: _____ Dr. Signature: _____	

Presumptive Medical Conditions

In the last three (3) years, have you diagnosed and/or treated this patient for any of the medical conditions listed below **within the specified code ranges**? Please check all Medical Conditions that apply.

	Medical Condition	Acceptable ICD-9 or CPT Codes
Major	<input type="checkbox"/> AIDS / HIV+	042, V08, 079.53
	<input type="checkbox"/> Transplants, completed or recommended, excluding donor or cornea transplant	996.8-996.89, V42.0-V42.4, V42.6-V42.9, V49.83; CPT codes: 38240, 38241, 38242, 33935, 33945, 44135, 44136, 47135, 47136, 32851, 32852, 32853, 32854, 48160, 48554, 50360, 50365, 50380
Cancer	<input type="checkbox"/> Cancers, excluding skin, except melanoma	140.0 - 172.9, 174.0 - 208.9, 230.0 - 234.9
	<input type="checkbox"/> Hodgkin's Disease	201.0 - 201.9
	<input type="checkbox"/> Leukemia	202.4, 204.0 - 208.9
Circulatory	<input type="checkbox"/> Aplastic Anemia, chronic	284.0 - 284.9
	<input type="checkbox"/> Arthritis, necrotizing	446
	<input type="checkbox"/> Cerebral Embolism, Pulmonary Embolism	434.1, 415.1
	<input type="checkbox"/> Cerebral Vascular Accident (CVA) [Stroke] other than Transient Ischemic Attack	430 - 432.9, 433.01, 433.11, 433.21, 433.31, 434.01, 434.11, 434.91, 436
	<input type="checkbox"/> Congestive Heart Failure, incl. Cardiomyopathy	425.0 - 425.9, 428.0 - 428.9
	<input type="checkbox"/> Heart Attack (Myocardial Infarction) within 5 yrs	410.0 - 410.9
	<input type="checkbox"/> Heart Bypass Surgery within 5 years	V45.81; CPT codes: 33510 - 33545, 33572, 93556
	<input type="checkbox"/> Hemophilia	286 - 286.2
	<input type="checkbox"/> Hepatitis B, C, D, or G acute or chronic, moderate or severe w/ Rx	070.2 - 070.713
	<input type="checkbox"/> Sickle Cell Anemia	282.60 - 282.69
	<input type="checkbox"/> Thalassemia, with present symptoms	282.4 - 282.49
Digestive	<input type="checkbox"/> Cirrhosis of the liver	571.0 - 571.2, 571.5
	<input type="checkbox"/> Crohn's Disease, with current symptoms, requiring surgery	555.0 - 555.9
	<input type="checkbox"/> Pancreatitis, chronic	577.1
	<input type="checkbox"/> Ulcerative Colitis, present	556.0 - 556.9
Endocrine	<input type="checkbox"/> Diabetes, Type I (any) or Type II uncontrolled, or diabetes with complications (eyes, kidneys, feet, etc.)	250.1 - 250.9, 250.01, 250.02, 250.03: 250.00 only if uncontrolled
Musculo-skeletal	<input type="checkbox"/> Arthritis, Rheumatoid	714.0 - 714.4
	<input type="checkbox"/> Cleft Palate, requiring surgery, excluding microform cleft	749.0 - 749.04, 749.2 - 749.25; CPT codes: 42200 - 42225
	<input type="checkbox"/> Legge-Perthes Disease	732.1
	<input type="checkbox"/> Still's Disease	714.3

	Medical Condition	Acceptable ICD-9 or CPT Codes
Nervous	<input type="checkbox"/> Alzheimer's	331
	<input type="checkbox"/> Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	335.2
	<input type="checkbox"/> Brain injury, traumatic	852, 854 - 854.1
	<input type="checkbox"/> Cerebral Palsy, Moderate to Severe	343 - 343.9
	<input type="checkbox"/> Friedrich's Ataxia	334
	<input type="checkbox"/> Guillain-Barre Syndrome, Presenting	357
	<input type="checkbox"/> Huntington's Chorea	333.4
	<input type="checkbox"/> Hydrocephalus	331.3, 331.4, 741.0, 742.3
	<input type="checkbox"/> Lead Poisoning (Cerebral)	984.0 - 984.9
	<input type="checkbox"/> Multiple Sclerosis, Post-lateral Sclerosis	340, 335.24
	<input type="checkbox"/> Muscular Dystrophy	359 - 359.1
	<input type="checkbox"/> Myasthenia Gravis	358.0, 358.01
	<input type="checkbox"/> Parkinson's Disease	332 - 332.1
	<input type="checkbox"/> Paralysis, including Quadriplegia & Paraplegia	342 - 342.9, 344.0 - 344.09, 344.1
	<input type="checkbox"/> Sturge-Weber syndrome	759.6
	<input type="checkbox"/> Syringomyelia	336
	<input type="checkbox"/> Tabes Dorsalis (Locomotor Ataxia)	94
	<input type="checkbox"/> Topectomy & Lobotomy	CPT 61323, 61537 - 61540, 61490
	<input type="checkbox"/> Tumors, Brain or Pituitary	191 - 191.9, 198.3, 194.3, 198.89, 225.0, 227.3, 234.8, 237.0, 237.5, 239.6, 239.7
Other	<input type="checkbox"/> Autistic Disorders	299 - 299.9
	<input type="checkbox"/> Cystic Fibrosis	277 - 277.09
	<input type="checkbox"/> Systemic Lupus Erythematosus	710
	<input type="checkbox"/> Wilson's Disease	275.1
Psychiatric	<input type="checkbox"/> Psychotic Disorders, including Schizophrenia & Delusional Disorders	290.8, 290.9, 293.82, 293.9, 294, 294.8, 294.9, 295 - 295.9, 296.34, 296.44, 296.54, 296.64, 297 - 298.9
Respiratory	<input type="checkbox"/> Pulmonary Emphysema, moderate to severe	492 - 492.8
	<input type="checkbox"/> Pulmonary Fibrosis	515
	<input type="checkbox"/> Silicosis (Black Lung)	502
Urinary	<input type="checkbox"/> Hypertensive Renal Disease	403 - 404.9
	<input type="checkbox"/> Kidney, Chronic Renal Failure, including Dialysis	585 - 585.9; CPT codes: V45.1, V56 - V56.8
	<input type="checkbox"/> Kidney, Polycystic	753.1, 753.10, 753.12 - 753.14

Please give Applicant copy to attach to Application, retain copy if possible, for verification.

The codes above include all decimal series in the same code range (e.g. 331 includes 331.0 through 331.9 and 331.8 includes 331.81 through 331.89). The physician may list additional ICD-9 or CPT codes below, or by separate letter, but such codes will not necessarily qualify the applicant for coverage.